

1015 10 2 75

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1	1		
2		1		1		
3		2		1		
4		2		1		
5		2		1		
6		0		1		
7	1		1			
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		5		1		
13	1		1			
14	1		1			
15		0		1		
16		0		1		
17	1					
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50						
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.	←		11	←		←
TOTAL CLAIMS			16			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						